

## ATR Provider Facility List

**Instructions:** Fill out the information below for each site location (facility) the agency will be providing ATR services. If there are more sites than this form provides select save as from the file menu and create a new form.

Facility's Name	<input type="text"/>				
Physical Address	<input type="text"/>	Phone Number	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
		Fax Number	<input type="text"/>		
County	<input type="text"/>		Main Contact	<input type="text"/>	
Mailing Address	<input type="text"/>		Contact's Phone Number	<input type="text"/>	
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
		Contact's email	<input type="text"/>		
County	<input type="text"/>	Licensing or Certification Agency	<input type="text"/>		
License Number	<input type="text"/>	License Expiration Date	<input type="text"/>		

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